

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584859

FILING DATE

APPLICANT(S)

Art. 34 Pre-Amend CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		1
4		2		1		1
5		2		1		1
6		2		1		1
7		2	1		1	
8		2	1		1	
9		2		1		1
10		2		1		1
11	1			1		1
12		1				
13		2				
14		2				
15		2				
16		2				
17	1					
18		1				
19		2				
20		2				
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50						
TOTAL IND.	3	↓	3	↓	3	↓
TOTAL DEP.	21	←	8	←	8	←
TOTAL CLAIMS	24		11		11	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						